

(b)(3)  
(b)(6)

~~SECRET~~  
(When Filled In)

15 DEC 1960

NOTIFICATION OF PERSONNEL ACTION

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|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| 1. SERIAL NUMBER                                                                                                                              |  | 2. NAME (LAST-FIRST-MIDDLE)                     |  |
|                                                                                                                                               |  | SUDMEIER ELIZABETH                              |  |
| 3. NATURE OF PERSONNEL ACTION                                                                                                                 |  | 4. EFFECTIVE DATE                               |  |
| REASSIGNMENT                                                                                                                                  |  | MO. DA. YR.<br>12 15 60                         |  |
|                                                                                                                                               |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR            |  |
|                                                                                                                                               |  | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J |  |
| 9. ORGANIZATIONAL DESIGNATIONS                                                                                                                |  |                                                 |  |
| DDP NE (b)(3)                                                                                                                                 |  |                                                 |  |
| 11. POSITION TITLE                                                                                                                            |  | 13. CAREER SERVICE DESIGNATION                  |  |
| OPS OFFICER                                                                                                                                   |  | (b)(3) D                                        |  |
| 14. CLASSIFICATION                                                                                                                            |  |                                                 |  |
| GS                                                                                                                                            |  | 12 2 9215 (b)(3)                                |  |
| 18. REMARKS                                                                                                                                   |  |                                                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                                                                                      |  |                                                 |  |
| 25. DATE OF BIRTH                                                                                                                             |  | 26. DATE OF GRADE                               |  |
| MO. DA. YR.<br>05 12 12                                                                                                                       |  | MO. DA. YR.                                     |  |
| 28. NTE EXPIRES                                                                                                                               |  | 29. SPECIAL REFERENCE                           |  |
| MO. DA. YR.                                                                                                                                   |  | 1 - CSC<br>3 - FICA<br>5 - NONE                 |  |
| 30. RETIREMENT DATA                                                                                                                           |  | 31. SEPARATION DATA CODE                        |  |
| CODE                                                                                                                                          |  | TYPE                                            |  |
| 32. CORRECTION/CANCELLATION DATA                                                                                                              |  | 33. SECURITY REQ. NO.                           |  |
| MO. DA. YR.                                                                                                                                   |  | 34. SEX                                         |  |
| 35. VET. PREFERENCE                                                                                                                           |  | 36. SERV. COMP. DATE                            |  |
| CODE 0 - NONE<br>1 - 5 PT.<br>2 - 10 PT.                                                                                                      |  | MO. DA. YR.                                     |  |
| 37. LONG. COMP. DATE                                                                                                                          |  | 38. MIL. SERV. CREDIT/LCD                       |  |
| MO. DA. YR.                                                                                                                                   |  | 1 - YES<br>2 - NO                               |  |
| 39. FEGLI / HEALTH INSURANCE                                                                                                                  |  | 40. SOCIAL SECURITY NO.                         |  |
| CODE 0 - WAIVER<br>1 - YES                                                                                                                    |  | HEALTH INS. CODE                                |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA                                                                                                          |  | 42. LEAVE CAT. CODE                             |  |
| CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 12 MOS)<br>3 - BREAK IN SERVICE (MORE THAN 12 MOS) |  | FORM EXECUTED<br>1 - YES<br>2 - NO              |  |
| 43. FEDERAL TAX DATA                                                                                                                          |  | 44. STATE TAX DATA                              |  |
| CODE NO. TAX EXEMPTIONS                                                                                                                       |  | FORM EXECUTED<br>1 - YES<br>2 - NO              |  |
| 45. SIGNATURE OR OTHER AUTHENTICATION                                                                                                         |  |                                                 |  |

Form 6-60 1150

Obsolete Previous Editions

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(4-51)